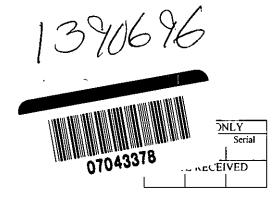
U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

ICE OF SALE OF SECURITIES RSUANT TO REGULATION D. SECTION 4(6), AND/OR ŰNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested above the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
SRM PHOENIX, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
104 SOUTH DIVISION, SPOKANE, WA 99202	(509) 455-5477
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) SAME
SAME	
Brief Description of Business	**
DEVELOPMENT & OWNERSHIP OF REAL ESTATE	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (p☐ business trust ☐ limited partnership, to be formed	lease specify): LIMITED LIABILITY COMPANY
Month Year	PHOUESSED
Actual or Estimated Date of Incorporation or Organization: 0 7 0 6 Actual Estin	EED 2 2 2003
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta	te: FEB 2 2 2007
CN for Canada; FN for other foreign jurisdiction)	THOMSON
CENTER AT INCEPTIONS	VEIVANICIAN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at the address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA											
2. Enter the information reques	ted for the follow	ving:									
 Each promoter of the is 	 Each promoter of the issuer, if the issuer has been organized within the past five years; 										
 Each beneficial owner issuer; 	having the power	to vote or dispose, or d	irect the vote or disposit	ion of, 10% or	more of a class of equity securities of the						
· Each executive officer	and director of co	orporate issuers and of o	corporate general and ma	naging partners	s of partnership issuers; and						
 Each general and mana 	iging partner of p	artnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
STONE, JOHN M.			·								
Business or Residence Address	s (Number and St	reet, City, State, Zip Co	de)								
104 SOUTH DIVISION, SPO	KANE, WA 992	02									
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
STONE, BRYAN P.											
Business or Residence Address	(Number and St	reet, City, State, Zip Co	ide)								
104 SOUTH DIVISION, SPO		•	,								
Check Box(es) that Apply:		■ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner						
Chock Bon(co, mac rippi).	G										
Full Name (Last name first, if	individual)				.						
RIVARD, JAMES D.											
Business or Residence Address	s (Number and St	reet, City, State, Zip Co	ode)								
104 SOUTH DIVISION, SPO.	KANE, WA 992	02									
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)	****									
MCGONIGLE, DEE J. III											
Business or Residence Address	s (Number and Si	treet, City, State, Zip Co	de)								
104 SOUTH DIVISION, SPO	KANE, WA 992	02									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)		_								
Business or Residence Addres	s (Number and S	treet, City, State, Zip Co	ode)								
Charle Dayler A 1	Dw	Danefield Occurs	Francisco Officer	☐ Director	☐ General and/or Managing Partner						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Faither						
Full Name (Last name first, if	individual)										
Business or Residence Address	Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Addres	s (Number and S	treet, City, State, Zip Co	ode)								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)											

					В.	INFORMA	TION ABOU	J T OFFERI	NG				
	T			4b - ! !-	A A A AIT		. 414 . 4 1		.00	•			Yes No
[.	Has tr	ie issuer so	old, or does	the issuer in					nder ULOE.		***************************************		
2.	What	is the min	imum inves	tment that w				-				\$1	0,000.00
													Yes No
3.			•	nt ownershi	-								
4.				sted for each n of purchas									
	or age	ent of a bro	ker or deale	er registered	with the SE	C and/or wi	th a state or	states, list th	ne name of the	he broker or	dealer. If n	nore than fiv	
En II	•		e first, if in	ciated perso	ns of such a	broker or a	eater, you m	ay set torth	the informat	ion for that	broker or de	eater only.	
run	Name	(Last Haili	e mse n m	urviduar)									
Bus	iness o	r Residenc	e Address (Number and	Street, City	y, State, Zip	Code)						
			_										
Nan	ne of A	ssociated	Broker or D	ealer ealer					-				
				0.12.5.1		0.11.1.0							
				as Solicited lividual State				•					All States
(CII		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] ·	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	ĺ	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M] [R]		[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	(NY) [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			e first, if in	dividual)									
						<u> </u>						_	
Bus	iness o	r Residenc	e Address (Number and	l Street, City	y, State, Zip	Code)						
Non	na of A	anagiatad	Broker or D			•							
Ivai	iic oi A	issociated	DIORCI OI L	Carci									
Stat	es in W	hich Pers	on Listed H	as Solicited	or Intends t	o Solicit Pur	chasers						
(Ch	eck "A	ll States" o	or check ind	lividual State	es)			*****************				🗆 :	All States
[AL	-	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [M]	_	[īN] [NE]	[IA] {NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[M1] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]		įscj	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	įwvj	įwij	[WY]	[PR]
Full	Name	(Last nam	e first, if in	dividual)									
	•	D 11		NI	I Charles City	Charles 71 in	C-10		· -				
Bus	iness o	r Kesideno	e Address (Number and	ı Street, Cit	y, State, Zip	Code)						
Nar	ne of A	ssociated	Broker or D)ealer				 					
Stat	es in V	Vhich Pers	on Listed H	as Solicited	or Intends t	o Solicit Pur	chasers						
(Ch	eck "A	.ll States" (or check ind	lividual State	es)								All States
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [M]		[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]		[SC]	[SD]	[TN]	[XT]	ີ [ບT]	[VT]	[VA]	[WA]	įwvj	[wi]	[wʏj	(PR)
				(Use blan	k sheet, or	copy and use	additional	copies of thi	s sheet, as n	ecessary.)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PRO	CEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
			Aggregate		_	Amount
	Type of Security	0	ffering Price		Alı	eady Sold
	Debt	\$	0	ı	\$	0
	Equity	\$	0	ı	\$	0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$	0	ı	\$	0
	Partnership Interests	\$	0	ı	\$	0
	Others (Specify LLC MEMBERSHIP INTEREST)	\$	4,050,000	ı	\$	2,290,000
	Total	\$	4,050,000	l	\$	2,290,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors		Dol	ggregate lar Amount Purchases
	Accredited Investors		26		\$	2,290,000
	Non-accredited Investors		0		\$	
	Total (for filings under Rule 504 only)		26		\$	2,290,000
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.						
	The second secon		Type of Security		Dol	lar Amount Sold
	Type of offering .		Security		\$	Solu
	Rule 505 Regulation A				o C	
	Rule 504 Total				\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				1	
	Transfer Agent's Fees		□ \$			
	Printing and Engraving Costs		□ \$			
	Legal Fees		_ ⊠ \$	4	5,000	.00
	Engineering Fees.		□ \$			
	Accounting Fees		□ \$			
	Sales Commissions (specify finders' fees separately)		□ \$			
	Other Expenses (identify) FILING FEES		⊠ \$	1	000,1	.00
	Total			,	ና ሰበሳ	00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE OF I	PRO	CEEDS		
	total expenses furnished in response to Part C - Que	ring price given in response to Part C - Question ₹ and estion 4.a. This difference is the "adjusted gross	•	\$ 4,	,044,000	•
5.						
				Payments to Officers, Directors, & Affiliates	P	ayments to Others
	Salaries and fees			\$		\$
					⊠	\$ 4,044,000
	Purchase, rental or leasing and installation of	machinery and equipment		\$		\$
	Construction or leasing of plant buildings and	facilities		\$		\$
		value of securities involved in this offering that may s of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$		\$
	Other (specify):			\$		\$
	Column Totals			\$	\boxtimes	\$ 4,044,000
	Total Payments Listed (column totals added).			⋈ \$	4.044,00	00
		D. FEDERAL SIGNATURE				
sig	e issuer had duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furr ormation furnished by the issuer to any non-accredite	ne undersigned duly authorized person. If this notice is f hish to the U.S. Securities and Exchange Commission, u and investor pursuant to paragraph (b)(2) of Rule 502.	iled u pon v	inder Rule 50 vritten reque	05, the f st of its:	ollowing staff, the
Iss	uer (print or Type)	Signature /			Date	
SR	M PHOENIX, LLC	my			2/0	4/07
Na	me of Signer (Print or Type)	Title of Signer/(Print or Type)				···
BR	YAN P. STONE	MEMBER V C				
		ATTENTION				
	Intentional misstatements or omiss	sions of fact constitute federal criminal violations (Sec	e 18 t	J .S.C. 1001 .)	

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.26 of such rule?	Yes No	
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertak (17 CFR 239.500) at such times as requi	es to furnish to any state administrator of any state in which this red by state law.	notice is filed, a notice on Form D
3.	The undersigned issuer hereby undertak offerees.	es to furnish to the state administrators, upon written request, info	ormation furnished by the issuer to
4.		te issuer is familiar with the conditions that must be satisfied to be in which this notice is filed and understands that the issuer claim conditions have been satisfied.	
	e issuer has read this notification and know y authorized person.	ys the contents to be true and has duly caused this notice to be sig	gned on its behalf by the undersigned
Issi	uer (Print or Type)	Signature	Date
SR	M PHOENIX, LLC	MwAr	02/06/07
Na	me (Print or Type)	Title (Print or Type)	. , , , , , , , , , , , , , , , , , , ,
BR	YAN P. STONE	MEMBER /	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEND	IX					
1		2	3			4			5	
	non-acc inves St	o sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK	,									
AZ	-									
AR										
CA										
СО							_			
CT										
DE										
DC										
FL										
GA										
HI										
ID		х	MEMBER INTEREST \$100,000	1	\$100,000	0	0		Х	
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD	-									
MA										
MI										
MN		1								
MS										
МО										

		·	***	APPENDI	X						
1		2	. 3	4							
	non-acc invest	o sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МТ		Х	MEMBER INTEREST \$50,000	1	\$50,000	0	0		х		
NE				,							
NV		х	MEMBER INTEREST \$50,000	ı	\$50,000	0	0		х		
NH											
NJ											
NM											
· NY											
NC											
ND						_					
ОН											
ОК											
OR											
PA			·								
RI											
SC											
SD											
TN											
TX											
UT											
VT											
VA											
WA		Х	MEMBER INTEREST \$2,090,000	23	\$2,090,000	0	0		х		
wv											
wı											
WY											
PR				, .							

